Please venify and enter Social Security number for each debior. Businesses let tax ID numbers. Please chack debior type P if individual and 0 if commercial (commercial includes sole proprietorithip). List complete address to include country code and nine-digit ap code. If Colleteral is factures, or will be fectures when installed, or covers minerals or standing timber, a legal description of real in Country codes alloud to enducted and are listed on the back of form.	
If Colleteral is factures, or will be factures when installed, or covers minerals or standing timber, a legal description of real a	
	estatre and name of record owner or lessee are required
til apece provided for eny nemis) is inadequate, the sem(s) should be continued on Form UCC-E. Submit completed form in triplicate with appropriese living fee to Secretary of State UCC Division, P.O. Box. 136, Jackson,	MS 39705-0136 and/or Chancery Clark of proper county
and the second of the second o	and the control of th
his Financing Statement is presented to the Filing Officer pursuant to STATE O	OF MISSISSIPPI Transmitting Utility —
. Debtor(s)	
CIN INC	BOOK 746 PAGE 20
CLW, INC. ebtor (Last Name First)/Business Name	Debtor (Last Name First)/Business Name
310 STATELINE	
lering Address	Mailing Address
SOUTHAVEN MS 17 38671	City State County Code Zip
ax ID/S.S.*	Tax ID/S.S.●
. Secured Party(ies)	3. Assignee
TRUSTMARK NATIONAL BNAK	
ecured (Last Name First)/Business Name	Assignee (Last Name First) / Business Name
P O BOX 328	
oddress HERNANDO. MS 17 38632	Address
HERNANDO, MS 17 38632	City State County Code Zip
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